

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS108AGC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/25/2010
NAME OF PROVIDER OR SUPPLIER CHARLESTON RESIDENTIAL CARE HOTEL		STREET ADDRESS, CITY, STATE, ZIP CODE 2121 W CHARLESTON BLVD LAS VEGAS, NV 89102		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility on 3/25/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division The current census was 125 residents. The facility is licensed for 129 Residential Facility for Group beds for elderly and disabled person and/or persons with mental illness, Category I residents. Complaint #00024193 was substantiated. See Tag Y0050 The following deficiencies were identified:	Y 000		
Y 050 SS=G	449.194(1) Administrator's Responsibilities-Oversight NAC 449.194 The administrator of a residential facility shall: 1. Provide oversight and direction for the members of the staff of the facility as necessary to ensure that residents receive needed services and protective supervision and that the facility is in compliance with the requirements of NAC 449.156 to 449.2766, inclusive, and chapter 449 of NRS.	Y 050		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 050	<p>Continued From page 1</p> <p>This Regulation is not met as evidenced by: Based on interview, record review and observation on 3/25/10 through 5/10/10, the administrator failed to provide oversight and direction to the staff to ensure 1 of 125 residents (Resident #1) received the needed services and protective supervision they required.</p> <p>Findings Include: Transportation for Resident #1 on the facility's 12/16/09 transportation log noted "walk" as the means of transportation to his dialysis appointment scheduled for 12/16/09. During an interview with Employee #1 on 3/25/10, she stated that Resident #1 was not eligible for transportation from Americans with Disability Act (ADA) Paratransit due to missing two weeks of rides while undergoing rehabilitation. During interview with Employee #1, she stated that on 12/16/10 the facility offered Resident #1 a ride to his 12/16/09 dialysis appointment on the facility van. The resident refused the ride and stated he wanted to walk to and from his appointment.</p> <p>During an interview with Employee #1 on 3/25/10, she stated that Resident #1 was unable to walk .8 miles to his dialysis appointment and stopped at a physician's office along the way to ask for help. The physician contacted the facility and requested they pick up the resident. After picking up Resident #1 from the physician's office, the facility failed to inquire whether Resident #1 received dialysis. Employee #1 stated on 3/25/10 that the facility assumed Resident #1 underwent dialysis at his appointment based on the amount</p>	Y 050			

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Y 050	<p>Continued From page 2</p> <p>of time he was away from the facility. She also stated that the facility does not verify residents receive treatment while at their medical appointments.</p> <p>During interview on 3/25/10, Resident #1 stated he could not remember why he refused the ride to his dialysis appointment on the facility's van and decided to walk the distance to and from his appointment. Resident #1 was laying on his bed during the interview and had difficulty breathing during the interview. Resident #1 could not focus his eyes on the interviewer and slurred his speech. When asked if Resident #1 felt all right, he replied that he felt fine.</p> <p>During interview on 5/10/10 with Employee #2, she stated Resident #1 did not receive two consecutive dialysis appointments on 12/16/09 and 12/18/09.</p> <p>Severity: 3 Scope: 1</p>	Y 050			

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